

**RECEIVED
CENTRAL FAX CENTER**

AUG 30 2004

**IN THE UNITED STATES PATENT AND
TRADEMARK OFFICE**

**Art Unit 3628
Examiner Poinvil, Frantzy**

**In Re: Sribari Kumar et al.
Case: P3937
Serial No.: 09/698,708
Filed: 10/27/2000
Subject: Interactive Activity Interface for Managing Personal Data and
 Performing Transactions Over a Data Packet Network**

**To the Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450**

Dear Sir:

Response A

AUG 30 2004

PTO/98/97 (12-97)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

In re: **Srihari Kumar et al.**
Case: **P3937** Application No.: **09/698,708** Filing date: **10/27/2000**
Art Unit: **3628** Examiner: **Frantzy Poinvil**
Subject: **Interactive Activity Interface for Managing Personal Data and Performing Transactions Over a Data Packet Network**

Certificate of Transmission under 37 CFR 1.8**Attention: Examiner Frantzy Poinvil****Fax No.: (703) 872-9306**

I hereby certify that this correspondence is being facsimile transmitted to the
Patent and Trademark Office

on 08/30/2004

Date



Signature

Lynda Schwalenberg

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify
each submitted paper.

Total Sheets Transmitted - 12

1. **Response A - 9 sheets**
2. **Response Transmittal Form - 1 sheet**
3. **Duplicate Response Transmittal Form - 1 sheet**
4. **Certificate of Transmission - 1 sheet**

Please call me at (831) 726-1457 if you have any questions.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Method of Transmission: By Facsimile

CASE DOCKET NO. P3937

In reference to application of Srihari Kumar et al.

Serial No. 09/698,708

For Interactive Activity Interface for Managing Personal Data and Performing Transactions Over a Data Packet Network

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	24	Minus	** 27	0	\$ 9	\$ 18	\$ 0.00
Indep Claims	3	Minus	*** 3	0	\$ 43	\$ 86	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.


*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

Respectfully Submitted,


 Donald R. Boys
 Reg. No. 35074

 Donald R. Boys
 Central Coast Patent Agency, Inc.
 P.O. Box 187
 Aromas, CA 95004
 (831) 726-1457